



LARRY PHILLIPS

Chair

Metropolitan King County Council

April 5, 2006

Mary Selecky, Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, Washington 98504-7890

RE: Inclusion of Race/Ethnicity and Primary Language in the Comprehensive Hospital Abstract Reporting System (CHARS UB-04 Conversion Project)

Dear Secretary Selecky:

I would like to encourage the Department of Health to include the collection and reporting of both patient race/ethnicity and primary language for health care when making changes to the hospital reporting requirements in conjunction with the Comprehensive Hospital Abstract Reporting System (CHARS).

I applaud the CHARS Recommendation Committee's recent decision to include patient race/ethnicity information, but remain concerned that inclusion of patient's primary language was not also among the Committee's recommendations. Inclusion of race/ethnicity alone will not provide a complete picture of a patient's cultural background. Knowledge of patient's primary language, especially for patients who are limited in English proficiency (LEP) is critical for quality patient care.

I understand that the CHARS system was originally developed to monitor hospital charges and set billing rates, but that over time this system has become a vital and cost-effective health assessment tool representing data on hundreds of thousands of hospitalizations and billions of dollars of charges each year. CHARS data is now an essential part of our local planning and disease monitoring efforts.

Over the past decades King County has seen considerable overall improvement in health and quality of life among the general population. However, King County also continues to see significant health disparities associated with race/ethnicity and socioeconomic status; these disparities have increased over time. Better data would allow better monitoring and development of strategies to eliminate these disparities.

Changes to the CHARS system represent a unique and rare opportunity to greatly enhance the visibility of health disparities in our state and, hopefully, better plan for the elimination of these disparities at both governmental and institutional levels.

I understand that many other states, as well as some Washington hospitals, already collect patient data on race/ethnicity. While other states currently do not mandate the collection of primary language, I understand that many hospitals do collect this information. Our state is in a unique position to lead the nation in ensuring that quality of care for LEP patients is equal to care for English-proficient patients. I also understand that making these changes

uniform throughout the state at this time when billing and data collection systems are being updated would require the least amount of administrative effort by hospitals and would provide a rich source of data on how disease impacts distinct population groups. Data on patient primary language will also provide important health-related information concerning immigrants and refugees.

I am encouraged that the CHARS Recommendations Committee has recommended the inclusion of patient race/ethnicity when the CHARS system is updated and am fully supportive of this change. I would like to urge the Department of Health to continue working with hospitals and organizations who serve LEP populations to find a cost-effective way to include primary language information in this data system as well. Thank you in advance for your consideration.

Sincerely,



Larry Phillips, Chair
Metropolitan King County Council

cc: Joe Campo, Director of Research, Center for Health Statistics,
Washington State Department of Health
The Honorable Julia Patterson, Chair, King County Board of Health, Metropolitan
King County Councilmember
Carrie Cihak, Legislative Analyst, Metropolitan King County Council